

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001964

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 576

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

FILED FEB 5 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>JACKSON</b>	b. CITY (If outside corporate limits, give TOWNSHIP only) <b>INDEPENDENCE</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>Jackson</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>INDEPENDENCE HOSPITAL</b>		d. STREET ADDRESS (If outside, give location) <b>3608 S. Liberty</b>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last <b>MYRTLE R. BERNDT</b>		Month Day Year <b>JAN 29 1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>5-29-1892</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired School Teacher</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School Teacher</b>	11. BIRTHPLACE (City and state or country) <b>Freessail Michigan</b>
13a. FATHER'S NAME <b>Robert Kenyon</b>		13b. MOTHER'S MAIDEN NAME <b>Alice Baker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	
17. INFORMANT <b>Otto J. Berndt</b>		17. ADDRESS <b>3608 S. Liberty</b>	
18. CAUSE OF DEATH (Enter only one cause per line)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:			
IMMEDIATE CAUSE (a) <b>coronary occlusion with myocardial infarction (2)</b>		<b>48 hrs</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>coronary atherosclerosis</b>		<b>+ 6 weeks</b>	
DUE TO (c) <b>congestive heart failure</b>		<b>48 hrs</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>INDEPENDENCE, MO</b>		
21. I attended the deceased from <b>Aug 1961</b> to <b>Jan 29, 1963</b> and last saw her alive on <b>1/29/63</b> Death occurred at <b>1 p.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Vance E. Link, M.D.</b>		22b. ADDRESS <b>10901 Winner Rd Independence, Mo</b>	
22c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>		22d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Feb. 1, 1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>
24. FUNERAL DIRECTOR <b>Roland R. Speaks Independence, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>2-1-63</b>	
26. REGISTRAR'S SIGNATURE <b>Alba R. Cray</b>			

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1-31-63

FEB 8 1963

FEB 19 1963

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2-1-63

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. 5198  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Don D. Lindsey

Licensed Embalmer No. 5198

P. O. Address Ship. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.